

Application Data Sheet

Application Information

Application Type:: Regular
Subject Matter:: Utility
Title:: EXTERNAL COUNTERPULSATION DEVICE
USING ELECTROACTIVE POLYMER ACTUATORS

Attorney Docket Number:: S13.12-0146
Request for Non-Publication?:: No
Suggested Drawing Figure:: 1
Total Drawing Sheets:: 2
Small Entity?:: No
Petition included?:: No
Petition Type::

Applicant Information

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Given Name::	Lucien A.
Family Name::	Couvillon
Name Suffix::	Jr.
City of Residence::	Concord
State or Province of Residence::	MA
Country of Residence:::	US
Street of Mailing address::	190 Nashawtuc Road
City of Mailing address::	Concord
State of Province of mailing address::	MA
Country of mailing address::	
Postal or Zip Code::	01742

Comments: Repeat the above for each inventor

Correspondence Information

Name:: Joseph R. Kelly
Street of mailing address:: Westman, Champlin & Kelly
900 Second Avenue South, Suite 1600
City of mailing address:: Minneapolis
State or Province of mailing address:: MN
Postal or Zip Code of mailing address:: 55402-3319
Phone number:: 612/334-3222
Fax number:: 612/334-3212
E-Mail address:: jkelly@wck.com

Representative Information

Representative Designation::	Registration Number::	Representative Name:
Primary	20147	Nickolas E. Westman
Primary	34797	Judson K. Champlin
Primary	34847	Joseph R. Kelly
Primary	36188	Steven M. Koehler
Primary	34557	David D. Brush
Primary	38354	John D. Veldhuis-Kroeze
Primary	39758	Theodore M. Magee
Primary	35612	Deirdre Megley Kvale
Primary	42413	Christopher R. Christenson
Primary	41885	Brian D. Kaul
Primary	45466	Nathan M. Rau
Primary	45844	Christopher L. Holt
Primary	45956	Alan G. Rego
Primary	48516	Todd R. Fronek
Primary	49027	Linda P. Ji
Primary	53675	Leanne R. Taveggia

Primary	24383	Robert M. Angus
Primary	32015	David C. Bohn

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application			MM/DD/YY

Foreign Priority Information

Country::	Application number::	Filing Date::	Priority Claimed::
		MM/DD/YY	Yes or No

Assignee Information

Assignee name:: SciMed Life Systems, Inc.
 Street of mailing address:: One Scimed Place
 City of mailing address:: Maple Grove
 State or Province of mailing address:: MN
 Country of mailing address::
 Postal or Zip Code of mailing address:: 55311